

**BECOMES PERMIT WHEN STAMPED PHONE 568-7251**

# SANDY CITY



*Date		
*Proposed Use of Structure or Name of Job		
*Bldg. Address		
Address Approval	Assessors Parcel No.	
*Lot# *	Subd. Name & Number	
*Owner of Property	Phone	
*Mailing Address	City - Zip Code	
*Architect or Engineer	Phone	
*General Contractor	Phone	
*Business Address - City		
*State - Zip Code	*State Lic. No.	*City/Co. Lic. No.
*Electrical Contractor	Phone	
*Business Address - Zip Code	*State Lic. No.	*City/Co. Lic. No.
*Plumbing Contractor	Phone	
*Business Address - Zip Code	*State Lic. No.	*City/Co. Lic. No.
*Mechanical Contractor	Phone	
*Business Address - Zip Code	*State Lic. No.	*City/Co. Lic. No.

<b>SUB-CHECK</b>	Zone _____	Sub-Check Date _____
Approver Initials _____	Sub-Check. By _____	

  

Setbacks in Feet

Front	Side	Side	Rear

( )

## PLOT PLAN

**House or  
House & Garage  
If Attached**

( )

( ) Prop. Line
( ) Prop. Line

Permit No. _____	Date Issued _____	Permit Number _____
------------------	-------------------	---------------------

  

**BUILDING FEE SCHEDULE**

Square Ft. of Building _____ * Rough Basement _____ * Finish Basement _____ Carport sq. ft. _____ Garage sq. ft. _____ Other _____ Type of Bldg. _____ *No. of Dwellings _____ No. of Bldgs. _____ No. of Stories _____ Occ. Group _____ Max. Occ. Load _____ Fire Sprinklers Req.    Yes *    No *	Valuation _____ <b>Building Fees</b> Plan Check Fees _____ Electrical Fees _____ Plumbing Fees _____ Mechanical Fees _____ Water _____ 1% State Sur Charge _____ Sub Check _____ Fire _____ Police _____ Park _____ Trail Fee _____ Water Connect _____ Meter Set _____ Total _____
---	--

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  

Board of Adjustment	* Yes    * No	Initials _____ Date _____
Conditional Use	* Yes    * No	Initials _____ Date _____
Sensitive Area Overlay	* Yes    * No	Initials _____ Date _____
Bond Required	* Yes    * No	Amount _____

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period or 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

  

_____ Signature of Contractor or Authorized Agent	_____ Date
_____ Signature of Owner (if owner)	_____ (Date)

  

**Planning Dept. Use**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  

_____ New S.L.U. Code No.	_____ Old S.L.U. Code No.
------------------------------	------------------------------

  

\_\_\_\_\_

Certificate of Occupancy